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Infographic. Physical activity for disabled adults

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Infographic: Physical Activity for Disabled Adults

Despite the benefits of physical activity, in the UK many disabled adults live insufficiently active lifestyles. They are also more likely to be inactive when compared with non-disabled people. For example, recently it was reported that 43% of disabled people did less than 30 minutes per week of activity, whilst for non-disabled it was 21%[1]. Given the health and economic implications of inactivity, promoting physical activity to disabled adults and reducing participation inequalities is a public health priority.

In 2011 the UK Chief Medical Officers' (CMOs) physical activity guidelines were produced for four age groups, from under 5s to older adults. However, with sparse evidence on physical activity for those with disability available, the guidelines omitted guidance for this group. In 2018 Public Health England (PHE) tasked us to review the evidence and, if sufficient, co-produce evidence-based recommendations about physical activity and disability in an appropriate format.

The review established various benefits of physical activity for disabled adults, such as improved quality of life[3]. Based on the evidence it was recommended that disabled adults should do strength and balance activities on at least two days per week. Some physical activity is better than nothing, but for substantial health gains it was recommended that disabled adults should aim for at least 150 minutes each week of moderate intensity activity[3]. No evidence was found that participation in appropriate physical activities increased disabled adults' risk of injury or harm[3].

Following the review, as part of the co-production of this research we worked *with* over 350 disabled adults, 10 disability organisations, and 50 health professionals (HPs) to test how the evidence-based physical activity recommendations could be presented and co-produce a resource. Co-production is at the heart of recent research initiatives variously known as 'Patient Public Involvement' (PPI), 'Participatory Medicine', and 'Citizen Science'. The disabled

adults, organisations and HPs during workshops unanimously recommended that affect (e.g. physical activity makes you feel good) and sedentariness should be included in physical activity messages whilst avoiding ableism[3]. Although often unintentional, ableism denotes the prejudice in favour of able-bodied people and the discrimination against disabled people[4]. Ableism can take the form of messages like ‘Stand up, sit less’ or ‘Sit less, move more’ as these favour certain bodies (e.g. those that can stand or easily avoid sitting) whilst discriminating against others (e.g. wheelchair users).

The disabled adults, organisations, and HPs also identified the best formats to communicate recommendations. These included

- media campaigns like ‘This Girl Can’,
- web-based resources, and
- infographics targeting the disabled public.

A media campaign that embraced intersectionality and avoided depicting disabled people as simply ‘heroic supercrips’ was viewed as beneficial for inspiring disabled people to become active.

Web-based resources were deemed useful for identifying what types of physical activity are available, and where activities might be done within an inclusive environment in the local community. However, there were concerns that web-based information can be disorganised, untrustworthy, outdated, and/or inaccessible. Another limitation noted was the financial costs of producing and maintaining web-based resources and media campaigns.

In contrast, infographics were considered to be relatively low cost whilst also a useful stand-alone resource to disseminate and communicate physical activity recommendations. This approach has been used for the 2011 CMO guidelines[3]. Here, the disabled adults, organisations, and HPs thought an infographic could communicate complex information in an affordable, understandable and engaging manner to large numbers of people. Nearly all also

believed infographics could raise awareness, challenge attitudes, and provide a call to action for disabled people to change their behaviour and become more physically active. Such benefits were more likely to be realised, they added, when key messengers of physical activity were considered. In rank order, those identified were disabled adults, social workers, HPs, physical activity, sport or disability organisations, and leisure providers. It was suggested that such trusted messengers could promote physical activity widely and repeatedly by sharing infographics in various ways. This could include in a paper handout, on social media, email, or websites, and in poster form across public spaces like general practitioner surgeries, social care facilities, and leisure centres. Thus, it was agreed that an infographic should be the primary output. Its co-production is summarised here [Infographic supp material.docx](#)

This is the first co-produced infographic to communicate evidence-based physical activity recommendations for a range of experiences of disability. It has also been approved by PHE and endorsed by the CMOs. In anticipation of the update of the current CMO physical activity guidelines in 2019, the infographic is a timely resource for concerted action. We hope it is shared widely, displayed, and used to promote physical activity and challenge inequalities.

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